Dear Applicant:
Thank you for your interest in the Criminal Justice Training Program offered by St. Johns River State College. We have enclosed for your review the following items:

- Qualifications for admission to the Law Enforcement and Corrections Basic Recruit Training Programs
- Schedule of upcoming classes
- Step by step application process guide
- Paperwork necessary to complete in order to be considered for acceptance into the program.

We are very proud of our graduates and the contributions they are making to the professions of Law Enforcement and Corrections. Further, we are excited that you have expressed an interest in applying for the academy program needed to enter these rewarding careers. Moreover, the admissions and screening process for applicants wanting to take one of our programs takes a considerable amount of time so I recommend that you facilitate the completion and submission of all required documentation. We look forward to assisting you in any way possible.

SJR State Non-Discrimination Statement

St. Johns River State College, an equal access institution, prohibits discrimination in its employment, programs, activities, policies and procedures based on race, sex, gender, gender identity, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran status. Questions pertaining to education equity, equal access or equal opportunity should be addressed to the College Title IX Coordinator/Equity Officer: Charles Romer, Room A0173, 5001 St. Johns Avenue, Palatka, FL 32177; (386) 312-4074; CharlesRomer@sjrstate.edu Anonymous reporting is available at SJRstate.edu/report. Inquiries/complaints can be filed with the Title IX Coordinator/Equity Officer online, in person, via mail, via email or with the US Department of Education, Office of Civil Rights, Atlanta Office, 61 Forsyth St. SW, Suite 19T10, Atlanta, GA 30303-8927.

Spanish version:

St. Johns River State College, una institución de igualdad de acceso, prohíbe la discriminación en su empleo, actividades, políticas y procedimientos por motivo de raza, sexo, género, identidad de género, edad, color, religión, origen nacional, etnia, discapacidad, el embarazo, orientación sexual, estado civil, información genética, o estatus de ser veterano/a. Preguntas relativas a la equidad educativa, igualdad de acceso, o igualdad de oportunidades deben dirigirse al Coordinador del Título IX: Charles Romer, Oficina A0173, 5001 St. Johns Avenue, Palatka, FL 32177; (386) 312-4074; CharlesRomer@SJRstate.edu. Una denuncia anónima está disponible en SJRstate.edu/report. Las consultas o quejas se pueden presentar ante el Coordinador del Título IX en línea, en persona, por correo, por correo electrónico o con el Departamento de Educación de los Estados Unidos, Oficina de Derechos Civiles, Oficina de Atlanta, 61 Forsyth St. SW Suite 19T10, Atlanta, GA 30303-8927.
Law Enforcement/Corrections Basic Recruit

Training Program Information

The Law Enforcement and Corrections Basic Recruit training programs are designed for individuals who are seeking careers in law enforcement or corrections. Certified by the Criminal Justice Standards & Training Commission, successful completion of this training will qualify students for entry-level employment as a Florida criminal justice officer. Program graduating students will be issued a vocational certificate that certifies they possess the basic vocational qualifications to enter the corrections or law enforcement professions. Further, they will be eligible to sit for the State of Florida Officer Certification Examination, necessary for criminal justice certified employment in the state. The Basic Recruit may be taken as a part of the Criminal Justice Associate in Science. Please contact the Criminal Justice Training Program at (904) 808-7490 for more information.

Qualifications for Admission

• Be at least 19 years of age by the end date of the program.
• Be a citizen of the United States of America.
• Possess a valid Florida driver’s license.
• Be a high school graduate or equivalent.
• Have Medical Insurance
• Pass a physical examination that was administered prior to program entry, but not more than a year from the program start date, by a licensed physician, physician’s assistant (PA), or advanced registered nurse practitioner (ARNP) using an SJR State approved form.
• Be of good moral character.
• Be fingerprinted by SJR State College*
• Have not been convicted of any felony, or of a misdemeanor involving perjury or false statement, nor have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to, or is found guilty of a felony, or of a misdemeanor involving perjury or false statement is not eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication. Notwithstanding this subsection, any person who has pled nolo contendere to a misdemeanor involving false statement, prior to December 1, 1985, and has had such record sealed or expunged shall not be deemed ineligible for employment or appointment as an officer.
• Have not been convicted of any crime involving domestic violence nor is under the provisions of a domestic violence injunction.
• No use of any illegal substances, including use of prescribed medicine not prescribed to you within 12 months.
• Possess a valid Florida driver’s license.
• Take the Law Enforcement or Corrections (as applicable) Basic Abilities Test (BAT) and achieve at least the minimum passing score as established by the FDLE approved vendor whose test was taken. Test score is valid for four (4) years and must have been taken within four (4) years of the beginning date of the course. You must take and pass the BAT prior to turning in your application packet. Please note: Veterans and applicants with an associate degree or higher are exempt from taking the BAT. They must provide to the Criminal Justice administration office a copy of their DD214 showing honorable or an official transcript from their academic institution showing they graduated at the time they turn in their application packets.
• Take the Basic Motor Skills Test (BMST) and successfully complete it. (SEE ENCLOSED DESCRIPTION)

* Agency employed students who are employed as certified corrections or law enforcement officers, may have agency submit documentation attesting to date fingerprints were submitted and what the results were of the submittal to FDLE/FBI in lieu of being fingerprinted by SJR State College.
Application Process

Step 1: Application on---line to SJRStateCollege ($30) at the following web address: http://www.sjrstate.edu/admissions.html.

Please select the "VOCATIONAL APPLICATION"

NOTE: Please read residency status information and provide proof of FL residency to admissions.

Step 2

A. Basic Abilities Test (BAT)

Basic Abilities Individuals who desire to enter a basic recruit training program for law enforcement or corrections in Florida must first pass the FDLE (BAT). This test is based on a job task analysis of each subject areas adopted by the Criminal Justice Standards and Training Commission. The BAT score is valid for four years from the date of the test. There are two different tests, one for law enforcement and one for corrections. Candidates will make payment and scheduling arrangements completely through the Pearson VUE site. https://pearsonvue.com/ All future candidates must register through Pearson VUE, and should select either the SJR State PearsonVue test center in Orange Park or Palatka in order to test with us.

You can purchase a study guide at www.publicsafetyrecruitment.com/studyguides. Click on “Law Enforcement”. If test is not passed, candidates may retake a different form. Another test fee will be charged.

When ready to turn in Application:

Step 3: Come to the Criminal Justice Training Center---Bldg J any week day between 8am---4pm (Summer schedule is M---Th from May through mid Aug) to complete fingerprinting & Application. Bring with you the following to the fingerprint session:

A. Criminal Justice Training Program application
B. Copies of following documentation:
   ▪ Birth certificate
   ▪ Sealed, official copy of high school transcript OR Official GED test scores (sealed)
   ▪ Social Security Card
   ▪ Florida Driver’s License
   ▪ DD 214 page 4 (if applicable)
   ▪ Naturalization paper (if not born in the United States)
C. “Affidavit of Applicant” This form must have your signature notarized. We have Notary Public on campus.
D. Submit official score report of BAT if taken at a school other than SJR State College
E. Checklist--- (signed)
F. Medical exam (FDLE form 75) completed by any doctor of your choice

* If either of the following applies, please do not complete an original SJR State College Application; instead, complete the applicable form listed below:

1. Currently enrolled SJR State College student, then complete a “Change of Program of Studies” form adding the appropriate academy program (i.e., 5005 for Law Enforcement Officer, 0540 for Corrections Officer, 0544 Crossover from corrections to law, or 0545 crossover from law to corrections). This form is not available on---line.
2. Past SJR State College student (having taken at least one course) and two or more College terms have passed, then complete an “Update Application.” This form is available on---line.

* Step 4: Fingerprint Complete “Fingerprint & Basic Motor Skills Test Authorization Form” and do the following:

A. Submit Authorization Form to Administrative Office

(b) Payment

B. Pay the amounts listed.

C. Obtain a receipt.

ACCEPTANCE LETTER WILL BE MAILED BASED ON AVAILABILITY AND IF ALL REQUIREMENTS AND QUALIFICATIONS ARE MET IN THEIR ENTIRETY AFTER THE BASIC MOTOR SKILLS TEST. THE LETTER WILL HAVE INFORMATION REGARDING ORIENTATION DATE AND TIME.

REVISED 08/05/19
Advising Checklist

Student Name: ________________________________ Date: ____________________

Academy Program: ☐ Corrections ☐ Law Enforcement

Academy Start Date: _______ / _______ / ____________ Start Semester: ____________
Month/Day/Year Semester and Year

Academy End Date: _______ / _______ / ____________ End Semester: ____________
Month/Day/Year Semester and Year

PLEASE BRING A COPY OF YOUR TEST SCORES AND TRANSCRIPTS WITH YOU

Students are encouraged to enroll in the Criminal Justice Technology Associate in Science Degree program following completion of the academy. Initial enrollment in English, humanities, or mathematics courses for any student requires placement scores no more than two years old. Placement scores may not be required if a student has earned a degree or college coursework in English and math from a regionally accredited institution.

☐ Discussed the difficulty of Employment opportunities with no college or military experience.

☐ Discussed the Articulation of 15 for LE and 6 for Corrections credits upon passing the State Exam after successful completion of the academy.

☐ Discussed the benefits of taking the PERT prior to the academy.

Hancel Woods
Instructor/Coordinator printed name

______________________________ ________________________
Name of Student

______________________________ ________________________
Instructor/Coordinator Signature Signature of Student

Contact Capt. Woods by e-mail: HancelWoods@sjrstate.edu
Instructions for Completion of Affidavit of Applicant

1. Read over the attached affidavit carefully before signing.

2. Using blue or black ink or type:
   a. Print your name
   b. Enter your Social Security Number
   c. Place a check in the applicable “true” or “false” box for each statement.

3. Sign and date the form only in front of a Notary Public.
   a. Use blue or black ink
   b. Use this example format for entering the date: Jan. 24, 2020
   c. Notary will complete bottom of form

4. Submit Affidavit in person to:
   St. Johns River State College
   Criminal Justice Center - Bldg. J
   2990 College Drive
   St. Augustine, FL 32084
SP. JOHNS RIVER STATE COLLEGE
CRIMINAL JUSTICE TRAINING PROGRAM

AFFIDAVIT OF APPLICANT

NAME: ________________________________  SS#: ________ - ________ - ________
(Print legibly in blue or black ink or type)

PLEASE READ CAREFULLY BEFORE SIGNING

I fully understand that in order to qualify for entrance into the SJR State Criminal Justice Basic Recruit Training Academy Program, I must fully comply with the provisions of Section 943.13, Florida Statutes, as follows:

1. Be at least 19 years of age.
2. Be a citizen of the United States of America.
3. Be a high school graduate or its equivalent.
4. Must not have been convicted of any felony or of a misdemeanor involving perjury or false statement, nor have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
5. Agree to be fingerprinted.
6. Pass a physical examination by a licensed physician, physician’s assistant, or advanced registered nurse practitioner.
7. Be of good moral character.

In addition, I attest to the following (check the box representing your choice, either True or False):

1) □ True □ False I understand that by executing this document I am attesting that I have met the qualifications as specified, and I have provided documentation of proof of my qualifications to the criminal justice training school listed above.

2) □ True □ False To the best of my knowledge and belief, I am not under investigation by any local, state, or Federal agency or entity for any wrongdoing, either criminal, civil, or administrative.

3) □ True □ False I have not been convicted of any crime involving domestic violence, nor am I now under the provisions of a domestic violence injunction.

4) □ True □ False I have never been certified as a criminal justice officer in the State of Florida.

5) □ True □ False I understand that I must have a valid Florida Driver License to enter and to remain in the academy.

6) □ True □ False I have read my criminal justice training school application and it is true and correct, and all other information I will furnish in conjunction with my application is true and correct.

7) □ True □ False I understand that by completing all of the required proofs to be submitted as listed in the document known as the “Application Process” that this does not guarantee my acceptance into the program nor provide for any refund of monies expended by me in meeting those required proofs.

NOTICE: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the school and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting the application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering or continuing in the basic recruit training school and may disqualify you from employment as an officer.

_________________________________________  _____________________________
Signature of Person whose name is printed above  Date
(Sign in front of Notary)

Witness, my hand and official seal, this __________ Day of ________________ A.D. __________
_________________________________________
Notary Public
My commission expires _________________________
ST. JOHNS RIVER STATE COLLEGE
CRIMINAL JUSTICE TRAINING PROGRAM
Cross-over Program Application Checklist

NAME: ___________________________ SS#: ___________________________

Please check the applicable cross-over program:
☐ LAW ENFORCEMENT CROSS-OVER FROM CORRECTIONS
☐ CORRECTIONS CROSS-OVER FROM LAW ENFORCEMENT

Student Checklist

Please check each box as it is completed.

☐ St. Johns River State College Application for Admission ________________________

☐ Application for Criminal Justice Program ________________________

☐ Copy of valid Florida driver's license ________________________

☐ Copy of Social Security Card ________________________

☐ Copy of birth certificate ________________________

☐ Copy of SEALED

☐ Official High School Transcript ________________________

OR

☐ GED scores ________________________

☐ Affidavit of Applicant ________________________

☐ Copy of DD 214/military discharge, IF APPLICABLE ________________________

☐ Copy of citizenship by Naturalization, IF APPLICABLE ________________________

☐ Copy of Certificate of Completion from previous academy ________________________

Office Use Only

☐ Basic Abilities Test ________________________

☐ Medical Exam -CJSTC Form 75B ________________________

☐ Fingerprinting (Live Scan) by SJRSC at CJ Training Center ________________________

☐ Basic Motor Skills Test ________________________

By my signing below, I, the applicant, hereby attest that the above items that are checked are complete.

________________________________________________________________________
Applicant’s Signature Date Signed

Comments: ________________________

________________________________________________________________________

1st Administrative Review Date 2nd Administrative Review Date

REVISED 07/18/17

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DO NOT BEGIN COMPLETING THE ATTACHED APPLICATION UNTIL YOU HAVE READ AND UNDERSTAND THIS HONESTY STATEMENT.

The integrity of a law enforcement or corrections officer **MUST** be above reproach. Any appearance of untruthfulness will cast doubt upon your integrity and reduce the likelihood that you will hired by a criminal justice agency.

You **WILL NOT** be accepted into the criminal justice academy if any responses in this application are found to be untruthful. Untruthfulness means intentionally omitting, falsifying, misstating, or misrepresenting any information in this application. Furthermore, if your untruthfulness is discovered after you have been accepted into the academy, you will be immediately dismissed from the academy with no option to return.

All questions in this application must be answered completely and truthfully. Issues such as driving record, drug history, and criminal history may be obstacles to entering the academy; however, they are not always disqualifiers. Untruthfulness is **ALWAYS** a disqualifier. We are not looking for ways to keep you out of the academy; we are looking for ways to help you succeed. We can only assist if you are completely truthful.

Background investigators with potential employers will review the information in this application and compare it to the information you provide in employment applications and information discovered during extensive background investigations. If a background investigator finds that you were untruthful in this application, your employment processing will likely be terminated.

Please review your application to ensure you understood each question. Make sure each answer is complete and accurate. If you are unsure how any question should have been answered, please ask an academy staff member for clarification. If you believe you did not answer a question appropriately, correct it before submitting your application.

Please **DO NOT** submit your application until you are certain it is complete and accurate.

I, ________________________________, I hereby certify that I have read and understand the above honesty statement. I further certify that all information provided in the attached application is true and complete to the best of my knowledge and belief.

Applicant’s Signature ________________________________  Date ________________________

Witness Signature _________________________________  Date _________________________
APPLICATION

INSTRUCTIONS: Please return this application to the address above with all portions fully, accurately, and clearly completed by printing in BLACK OR BLUE INK OR BY Typing. You can type in this form and print it. You may use additional sheets of plain paper to complete your responses. Check the appropriate training program for which you are applying (also-please indicate the date and time class begins):

☐ Corrections Basic Recruit Program (Date: ________________)
☐ Law Enforcement Basic Recruit Program (Date : ________________)

PERSONAL INFORMATION

Last Name    First Name    Middle Name

Home Address     City    State        County  Zip Code

How long at this address?    How long in Florida?

Years  Months          Years  Months

Mailing Address (if different from above)     City    State        Zip Code

Home Phone Number: (____)_________________

Cellular Phone Number (____)_________________

E-mail address: _______________________

Alternate Contact Number (____)_________________

Social Security Number: _______________________

Age: _______ Date of birth: __/__/____

Place of birth: _______________________

City    County    State    Country (if not USA)

Are you a United States Citizen?   Yes _____ No ______

If no, please provide the date for your Naturalization: ________________________________

Can you perform the essential job functions of the type of officer for which you are applying to receive training without reasonable accommodations?   Yes _____ No _____

If no, please explain what accommodation(s) you will require: _______________________________________

___________________________________________________________________________________________

Medical Insurance (mandatory)
Please list name of company and validity dates: ________________________________________________
EMERGENCY CONTACT INFORMATION

Please provide information of a person to be contacted in case of an emergency:

Name: __________________________________________ Relation: ____________________________

Address: ______________________________ City: ______ State: __________ Zip: ________________

Home Phone: (____) __________________ Business Phone: (____) ____________________________

Cellular phone: (____) ________________ Other: _________________________________________

In compliance with FL Statute 119.071(5), this document serves to notify you of the purpose for the collection and usage of your Social Security number (SSN). St. Johns River State College collects and uses your SSN only in the performance of the College’s duties and responsibilities. To protect your identity, SJR State will secure your SSN from unauthorized access, strictly prohibits the release of your SSN to unauthorized parties contrary to state and federal law, and assigns you a unique student/employee identification number. This unique identification number is used for all associated employment and educational purposes at SJR State. For more information about why we collect your SSN, visit SJRstate.edu/ssnotification.html.

EDUCATION:

Check appropriate boxes:

☐ High School diploma
☐ GED
☐ AS or AA
☐ BS or BA
☐ MA or MS
☐ PhD or EdD
☐ Other; please list______________________________

High School:
__________________________________________
Name of School
__________________________________________
Address (City/State)
__________________________________________
Date of Graduation (month/year)

GED Equivalent (if applicable):
__________________________________________
Place of issuance

College:
__________________________________________
Name
__________________________________________
Address (City/State)
__________________________________________
Degree Major Date of Graduation

College:
__________________________________________
Name
__________________________________________
Address (City/State)
__________________________________________
Degree Major Date of Graduation

For any additional colleges attended, please attach a separate sheet of paper.
EDUCATION: (con’t)

Have you previously attended a law enforcement or corrections academy?

Yes ___  No ___

If Yes, when and where?
_____________________________________________________________________________________

Have you ever applied to a law enforcement or corrections academy?

Yes ___  No ___

If yes, when and where?
_____________________________________________________________________________________

RESIDENCE INFORMATION:

Starting with the most recent, list chronologically all places of residence for the last 10 years, including any residences while in school or military service. For a college campus residence, give dormitory name, college, city, and state. If residences in the military cannot be shown as street addresses, indicate complete military unit designation, base, city, and state. Use an additional sheet if necessary.

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________

Dates of Residence: From _______________________ to _______________________  Rent _____  Own ______
Residence address ___________________________________________ Apt# __________
City: ______________________________________  State: ________________________ Zip Code: __________
EMPLOYMENT:
Have you ever been the subject of any disciplinary action by an employer? Yes ____ No ____

If yes, provide details, including employer, date, type of discipline, reason for discipline:
____________________________________________________________________________________________________

Have you ever been terminated or asked to resign from any employment you have held? Yes _____ No _____

If yes, provide details, including: employer, date, and reason:
____________________________________________________________________________________________________

Have you ever resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes ____ No _____

If yes, provide details, including employer, date, and reason:
____________________________________________________________________________________________________

List chronologically all employment for the last 10 years, beginning with current employment. Include summer and part-time employment while attending school. All time must be accounted for; if unemployed for a period, list dates of unemployment.

Dates of employment or unemployment: From: _________________ To:________________

Employer: __________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

Telephone: _____________________________________ Supervisor’s Name ___________________________________________

Description of Duties:
___________________________________________________________________________________________________________

Reason for leaving:___________________________________________________________________________________________

May we contact this employer? Yes________    No ________

Dates of employment or unemployment From:_________________ To:________________

Employer:__________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

Telephone: _____________________________________ Supervisor’s Name ___________________________________________

Description of Duties:
___________________________________________________________________________________________________________

_________________________________________________________________________________________________

Reason for leaving:___________________________________________________________________________________________

May we contact this employer? Yes_______    No _________
Dates of employment or unemployment     From:_________________ To:________________

Employer:__________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

Telephone: _____________________________________  Supervisor’s Name ___________________________________________

Description of Duties:                                                                
___________________________________________________________________________________________________________
_________________________________________________________________________________________________

Reason for leaving:___________________________________________________________________________________________

May we contact this employer?  Yes________    No _________

Dates of employment or unemployment     From:_________________ To:________________

Employer:__________________________________________________________________________________________________

Address: ___________________________________________________________________________________________________

Telephone: _____________________________________  Supervisor’s Name ___________________________________________

Description of Duties:                                                                
___________________________________________________________________________________________________________
_________________________________________________________________________________________________

Reason for leaving:___________________________________________________________________________________________

May we contact this employer?  Yes________    No _________

MILITARY SERVICE:

Have you ever served on active duty in the Armed Forces of the United States?  Yes _____   No ______

Branch of Service:        __________________________________________

Highest Rank: ________________________________________________________________________________________

Duty Dates:   From: ______________________________  To: _________________________________________________
From: ______________________________  To: _________________________________________________

Date of discharge:          Type of Discharge: ________________________________
**DRIVING HISTORY:**

Do you have a valid Florida driver’s license?  
Yes _____ No _____

If no, please explain: ________________________________________________________________

Does your current driver’s license contain any restrictions? Yes ____ No ____

If yes, list the restrictions: ______________________________________________________________________________________

Do you currently or have you ever had a driver’s license in a state other than Florida?  Yes _____ No _____

If yes, list the state and driver’s license number:

Driver’s License Number: ________________________________  State: ________________________________

Driver’s License Number: ________________________________  State: ________________________________

Have you ever had a driver’s license suspended or revoked?  Yes _____ No _____

If yes, please provide details including the date and reason for the suspension or revocation:

____________________________________________________________________________________

In the last **FIVE (5) YEARS** have you been issued any traffic citations for moving or criminal violations, such as: speeding, reckless driving, careless driving, DWI/DUI, running a red light, running a stop sign, improper lane change, etc.?  Yes _____ No _____

If yes, please list the type of violation(s), where the violation took place, date you received the citation, and disposition:

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Violation</th>
<th>Location</th>
<th>Disposition</th>
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In the last **FIVE (5) YEARS** have you been involved in any traffic crashes in which you were the driver, whether you were at fault or not?  Yes _____ No ______

If yes, list the date, investigating agency and location:

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<tr>
<th>Date</th>
<th>Investigating Agency</th>
<th>Location</th>
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</table>
CRIMINAL ACTIVITY:

Please read each of the following questions carefully and answer honestly. If you are uncertain how you should answer a particular question, please contact an SJR State Criminal Justice Academy staff member for guidance.

Have you ever been detained by law enforcement for any suspected or actual criminal offense? _____Yes _____No

If yes, explain the reason for the detention including the date(s), agency, whether charge(s) were filed against you, and whether you were a juvenile or an adult at the time of the detention.

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been issued a Notice to Appear for a criminal offense? Yes _____ No _____

If yes, provide the date, reason for the Notice to Appear, issuing law enforcement agency, and the disposition:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been under investigation or questioned by any law enforcement agency for any crime in the past? (This does not include non-criminal traffic violations such as speeding or careless driving) Yes _____ No _____

If yes, please explain, including the date and law enforcement agency name:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been arrested for any criminal offense, regardless of the disposition? Yes _____ No _____

If yes, please explain charge(s), date(s), agency, location, disposition (including fine, incarceration, length of probation, etc.), and whether you were a juvenile or were an adult:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been convicted, had adjudication withheld, had sentence suspended, or entered a plea of guilty or nolo contendere in any criminal offense? Yes _____ No _____

If yes, please explain charge(s), date(s), agency, location, disposition (including fine, incarceration, length of probation, etc.), and whether you were a juvenile or were an adult:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner? Yes _____ No _____

If yes, please provide details, including date(s) and disposition:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Have you ever been charged with and/or convicted of domestic violence? This includes the use, threatened use or attempted use of physical force against a current or former spouse, parent, guardian, child, girlfriend, boyfriend, or person with a similar relationship. Yes _____ No _____

If yes, please provide details, including date(s) and disposition:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted or has demonstrated a policy or cause of approving or advocating the commission of violence to deny other persons their rights under the Constitution of the United States, or which has sought to alter the form of local, state, or Federal government by unconstitutional means? _______Yes _______No

If yes, please provide the name(s) of the organization(s), the date(s) of your involvement, and your responsibilities
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please review the below list of criminal offenses and place a check mark indicating whether you have ever committed, been arrested, or been charged with any of these offenses. If you mark “YES” to any of these offenses, please provide details on a separate sheet and attach to this application. Please use the following definitions to assist you with your answers. If you are uncertain how to answer, please contact an SJR State Criminal Justice Academy staff member for assistance.

Definitions:

**Committed:** You have committed any act that is illegal whether or not you were caught or the crime went undetected.

**Arrested:** Taken into custody, issued a Notice to Appear, fingerprinted, booked, Mirandized, or pled no contest for any offense, etc., whether or not the charges were dropped or abandoned or adjudication was withheld.

**Charged:** A formal accusation of criminal activity that requires you to appear in court to answer to a criminal charge.

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<th>Criminal Offense</th>
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<th>Arrested</th>
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<td>Forgery/Uttering/Fraud</td>
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<td>Any other <strong>Criminal</strong> offense (Explain on separate page)</td>
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Drug History:

Other than your own prescription, have you EVER used and/or experimented with ANY narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, mushrooms, Ecstasy, GHB, or any drug similar in nature? Yes _____ No _____

If yes, please explain substance, when last used, and how often: __________________________________________________________

________________________________________________________________________________________________________

Have you EVER used a prescription drug which was not prescribed to you? Yes _____ No _____

If yes, please explain, including type of drug, date of use, and how often: __________________________________________________

________________________________________________________________________________________________________

Have you EVER sold, purchased, and/or supplied any illegal drugs, including marijuana, to anyone, including family and/or friends? Yes _____ No _____

If yes, please explain circumstances, including date and type of drug: __________________________________________________

________________________________________________________________________________________________________

PERSONAL REFERENCES:

List three character references. List only references who are responsible adults of reputable standing in their community. Do not include relatives, former or present employers, or fellow employees. Your references must be individuals who have known you for at least two years.

Name: __________________________________________________________ Years Acquainted: ________________
Address: ___________________________________________________________________________________________________
City: ______________________ State: ________________ Zip Code: ______________________________
Home Phone: ______________________ Business Phone: ______________________

Name: __________________________________________________________ Years Acquainted: ________________
Address: ___________________________________________________________________________________________________
City: ______________________ State: ________________ Zip Code: ______________________________
Home Phone: ______________________ Business Phone: ______________________

Name: __________________________________________________________ Years Acquainted: ________________
Address: ___________________________________________________________________________________________________
City: ______________________ State: ________________ Zip Code: ______________________________
Home Phone: ______________________ Business Phone: ______________________
PERSONAL STATEMENT:

In your own words, explain why you want to become a corrections or law enforcement officer and how the Basic Recruit Training Program will help you reach your goals.
Please use this page to provide additional information or explanations related to the questions in this application.
Applicant Certification

I understand that by executing this document I am attesting that I meet the qualifications as specified. I HEREBY CERTIFY that I have read my application, and it is true and correct, and all other information I will furnish in conjunction with my application, is true and correct.

I HEARBY SWEAR OR AFFIRM that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of fact, my application may be rejected and my name removed from any eligibility list; and if already selected, I may be dismissed from the screening process and/or the academy class. I also understand that failure to comply with or complete any portion of the testing, examination, or other application process may result in my application being rejected or suspended, and my name removed from the eligibility list; and if already in the academy class, I may be dismissed. I further understand that nothing in this application constitutes a promise of commitment, nor has any other promise or commitment been made to me by the Criminal Justice Selection Center at St. Johns River State College as to a time when hiring will take place, when a decision on hiring will take place or whether I will, in fact, be hired.

NOTICE TO APPLICANTS: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and may disqualify you from employment as a law enforcement office in the State of Florida.

________________________________________    ________________________
Applicant Signature        Date

____________________________________________
Applicant’s Printed Name

State of __________________________
County of ________________________

The foregoing instrument was acknowledged before me this _____________________ (Date) by ____________________________________________________________, who is personally know to me or has produced ___________________________________ as identification.

_____________________________________________
Notary Signature

NOTICE TO APPLICANTS: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by St. Johns River State College, employing agency, and/or the Florida Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and may disqualify you from employment as a law enforcement or corrections officer in the State of Florida.

SJR State Non-Discrimination Statement
St. Johns River State College, an equal access institution, prohibits discrimination in its employment, programs, activities, policies and procedures based on race, sex, gender, gender identity, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran status. Questions pertaining to education equity, equal access or equal opportunity should be addressed to the College Title IX Coordinator/Equity Officer: Charles Romer, Room A0173, 5001 St. Johns Avenue, Palatka, Fl 32177; (386) 312-4074; CharlesRomer@sjrstate.edu Anonymous reporting is available at SJRstate.edu/report. Inquiries/complaints can be filed with the Title IX Coordinator/Equity Officer online, in person, via mail, via email or with the US Department of Education, Office of Civil Rights, Atlanta Office, 61 Forsyth St. SW, Suite 19T10, Atlanta, GA 30303-8927.

Spanish version:
St. Johns River State College, una institución de igualdad de acceso, prohíbe la discriminación en su empleo, actividades, políticas y procedimientos por motivo de raza, sexo, género, identidad de género, edad, color, religión, origen nacional, etnia, discapacidad, embarazo, orientación sexual, estado civil, información genética, o estatus de ser veterano/a. Preguntas relativas a la equidad educativa, igualdad de acceso, o igualdad de oportunidades deben dirigirse al Coordinador del Título IX: Charles Romer, Oficina A0173, 5001 St. Johns Avenue, Palatka, FL 32177; (386) 312-4074; CharlesRomer@sjrstate.edu. Una denuncia anónima está disponible a SJRstate.edu/report. Las consultas o quejas se pueden presentar ante el Coordinador del Título IX en línea, en persona, por correo, por correo electrónico o con el Departamento de Educación de los Estados Unidos, Oficina de Derechos Civiles, Oficina de Atlanta, 61 Forsyth St. SW Suite 19T10, Atlanta, GA 30303-8927.
Fingerprinting/Criminal History

I, ________________________, understand that my fingerprints will be used to check the criminal history records of the FBI. The FBI criminal history records, if any, will be used to determine my suitability for admission into the criminal justice academy program.

I acknowledge that I have been advised that procedures for obtaining a change, correction, or update of the FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34. Should I elect to pursue a change, correction, or update of the FBI criminal history, I must immediately notify the St. Johns River State College, Criminal Justice Department.

Applicant Name ______________________________________________

Applicant Signature ___________________________________________

Date _____________________

Witness Name _______________________________________________

Witness Signature ____________________________________________

Date _____________________
Your FBI Identification Record may not reflect all instances in which you were arrested and fingerprinted. The FBI maintains criminal history records voluntarily submitted by local, state, federal, and certain international agencies. You may need to contact the arresting agency or the repository of the state in which the arrest(s) occurred for criminal history record information. A state repository is responsible for maintaining and updating state criminal history records.

2) A previous search was conducted with a name and physical description only, and the descriptive data you provided matched or was very similar to that contained in another individual’s record. Positive identifications are made by fingerprint comparisons.

3) The arresting agency may not have supplied the information to the FBI. You will need to contact the state repository in which the arrest occurred.

For additional information concerning your record request and the challenge process, please contact the Customer Service Group at (304) 625-5590 or refer to www.edo.cjis.gov

**Frequently Asked Questions**

**What is the processing time?**
The FBI processes requests as quickly as possible; however, please allow several weeks for processing. You can obtain an estimate of the current processing time by calling (304) 625-5590.

**Can the FBI send the results to someone (or an agency) other than me?**
Under the U.S. Department of Justice Order 556-73, the results must be returned to the requestor or his/her designated legal representative. A notarized authorization to release the results to the legal representative must accompany such a request.

**Where can I get my fingerprints taken?**
Local, county, or state law enforcement agencies may take your fingerprints for a fee. Also, some private companies offer this service — check the business listings in your telephone book.

**Why was I told there was a problem with my criminal history but I received my fingerprint card stamped “No Arrest Record?”**
There are several instances in which this might occur, such as:

1) Removal of arrest information may have been authorized since you were advised of the record problem.

**Additional Concerns**

**Firearm Background Checks**
The Correspondence Group cannot access National Instant Criminal Background Check System (NICS) information or comment on firearm-related issues. The NICS Customer Service can be reached at (877) 444-6427 for firearm issues only or visit their Web site at www.fbi.gov/hq/cjisd/nics.htm.

**Licensing and Employment Background Checks**
Certain background checks for licensing and employment must be conducted through specific state and federal channeling agencies. Contact the requiring agency for correct procedures.
What is an FBI Identification Record?

An FBI Identification Record, often referred to as a “RAP Sheet,” is a listing of information taken from fingerprint submissions retained by the FBI in connection with arrests. In some instances, it also includes information taken from fingerprints submitted in connection with federal employment, naturalization, or military service. The identification record includes the name of the agency or institution that submitted the fingerprints to the FBI. For criminal offenses, the identification record includes the date of arrest or the date the individual was received by the agency submitting the fingerprints, the arrest charge(s), and the arrest disposition(s) if known. The FBI’s Criminal Justice Information Services (CJIS) Division is not the source of the arrest data reflected on an identification record. All arrest information included in an identification record is obtained from fingerprint submissions, disposition reports, and other reports submitted voluntarily by agencies having criminal justice responsibilities.

Due to provisions within the Privacy Act of 1974, the FBI cannot provide criminal history information via the telephone or facsimile.

How do I obtain a copy of my FBI Identification Record for personal review?

You may obtain a copy of your FBI Identification Record by sending a request to:
Federal Bureau of Investigation
CJIS Division
Attention: Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306

You are required to provide the following:
1) Your written request.
2) Payment for the $18 processing fee, either by certified check or money order made payable to the U.S. Treasury, or a credit card. For credit card payment information, refer to www.edo.cjis.gov.
3) A current, original tenprint fingerprint submission (not previously processed) taken by a local law enforcement agency and bearing your name, date of birth, and place of birth. Key information needed is magnified below.

What will I receive?

In accordance with regulations established by the U.S. Department of Justice, the FBI’s CJIS Division is empowered to furnish an individual with a copy of any record in our Criminal File pertaining to him/her or to advise the individual that no such record exists. In instances where a criminal history record exists in our Criminal File, the FBI Identification Record itself serves as our official reply. When no record is found, a dated “No Arrest Record” stamp, placed on the back of the fingerprint card the individual submitted for the Criminal File search, serves as our official reply.

How do I challenge my record?

If, after reviewing your record, you believe it is inaccurate or incomplete, you may challenge the record by contacting the agency (or agencies) that originally submitted the information or by sending your challenge to the FBI’s CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306. The Correspondence Group will contact the appropriate agencies in an attempt to verify or correct the challenged entry for you. Upon receipt of official communication from the agency with jurisdiction over the data, the FBI will make appropriate changes, if necessary, and notify you of the outcome. Updating your FBI criminal history record can include having final disposition data entered, cases expunged, pardons entered, a conviction level changed, or rights restored. When challenging, you should submit any supporting documentation you have in your possession that indicates the final outcome of the arrest(s).
Basic Motor Skills Test

The Basic Motor Skills Test consists of two parts, which include the Strength and Endurance Test (Part 1) and the Job Task Course (Part 2). Part One includes three activities while Part Two includes 15 activities. Each applicant must successfully complete the first activity (Trigger Pull) to be permitted to continue with the test. Each activity must be completed within the allotted time to pass the course.

NOTICE

Every person who uses the facilities of the Criminal Justice Training Center does so at his or her own risk. St. Johns River State College assumes no responsibility for any injury or loss of any kind whatsoever sustained by any person while participating in the Physical Ability Test or any related activity.

No person may enter the test course or field unless under the immediate supervision of a Criminal Justice Training Center faculty or staff member.

Testing will not be conducted during inclement weather, or at any time at which the Training Center staff determines that conditions or circumstances would make testing unsafe.

PART ONE

In order to complete an activity, the applicant must meet all requirements listed for time, distance, and number of repetitions.

The applicant must successfully complete the first activity (Trigger Pull) in order to be permitted to continue.

The Part One activities are listed below:

1. Trigger Pull – 6 times with strong hand, 6 times with weak hand.


3. Half-Mile Run – in six minutes or less. An applicant who fails the half mile run is not eligible to continue.

PART TWO

The Job Task Course consists of 15 activity stations, which replicates barriers and obstacles commonly encountered in law enforcement and tests skill, strength, stamina, and speed needed in basic law enforcement operations. The course must be completed within three minutes from the time the applicant initially touches the first station.

Each station must be completed as set forth in the descriptions provided below.
PART TWO

STATION 1

HIGH WALL:
This station consists of a vertical masonry wall, rising to a height of 5 feet above the running surface. It simulates walls of similar height and construction frequently encountered in business and commercial districts, and enclosing residential developments. Object is to climb over the wall, may use both hands and both feet. Be sure to land on flexed knee to avoid injury. If unable to execute this station in three attempts, discontinue course or go around the wall.

STATION 2

LADDER/PLATFORM/RAMP:
This station consists of a stationary vertical ladder with six rungs and a top crossbar rising 7 1/2 feet above the running surface, a horizontal platform, and a downward slanting ramp. It simulates a variety of obstacles that may be encountered in a foot pursuit, including ladders, building parapets, rooftops and loading ramps. Ascend ladder using both hands and feet; climb over top crossbar of ladder, proceed across platform and down ramp.

STATION 3

FIXED RAILING:
This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations. Grasp top rail with both hands and force body weight over rail, landing on both feet on opposite side. DO NOT ATTEMPT TO JUMP OVER RAIL WITHOUT USING HANDS.

STATION 4

CHAIN LINK FENCE:
This station consists of a panel of woven fence in a tubular steel frame, rising approximately five feet above the running surface. It simulates chain link fences and gates frequently encountered in foot pursuit. Grasp top of fence while placing foot high in the fence panel. Force body weight over obstacle, landing on both feet on opposite side.

STATION 5

WINDOW:
This station consists of a concrete wall, with a window opening approximately three feet, eight inches above the running surface. It simulates window openings in buildings and other structures which may be encountered during a foot pursuit. Enter window by placing hands on sill and climbing through, landing on feet on opposite side. DO NOT DIVE THROUGH WINDOW.

STATION 6

DOOR
This station consists of a masonry wall with a standard width door which is hinged on the left and opens toward the previous station. It simulates doors and/or gates which might be encountered during foot pursuit, both which must be returned to the closed position after passage for security, safety, or other reasons. Grasp knob and pull door open; release knob and pass through opening; grasp knob on opposite side with same hand, pull door closed engaging latch mechanism before continuing on course. KEEP HANDS CLEAR OF DOOR EDGE AND DOOR JAM AT ALL TIMES.
Station 7

FIXED RAILING:
This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations.

Station 8

MAZE:
This station consists of sets of parallel rails controlling direction of travel, and requiring two 180 degree changes in direction of travel. It simulates pursuit situations which require quick changes of direction in confined spaces. Enter station and follow course as restricted by rails, turning 180--degrees twice before exiting. DO NOT TOUCH RAILS WHILE EXECUTING THIS STATION.

Station 9

TUNNEL:
This station consists of a concrete pipe, 8 1/2 feet long, with an inside diameter of three feet. It simulates narrow crawl spaces into which officers might have to enter in pursuits, rescue efforts and evidence searches. Enter station, crawl through and exit opposite end. EXERCISE CAUTION TO AVOID STRIKING HEAD ON UPPER RIM OF PIPE.

Station 10

WEIGHTED DRAG:
This station consists of a weighted sled totaling one-hundred fifty (150) pounds which will be pulled by an attached handle/rope for fifty (50) feet on a level surface. The candidate will drag the weighted sled the designated fifty (50) feet using their method of choice. The sled must be moved in a controlled and continuous manner.

Station 11

ROPE GRID:
This station consists of an area 30 feet long, divided by nylon rope to create 12 individual compartments on each side of a center dividing line. It serves as a test of agility, coordination and stamina. Enter from the left turn by placing left or right foot in the corresponding space of the first pair of compartments. Continue through grid, stepping alternately into each compartment. EXERCISE CAUTION TO AVOID TRIPPING

Station 12

LOG:
This station consists of a log, 40 feet in length, in the center of the running surface, lying parallel to the direction of travel. It serves as a test of balance and coordination. Step onto log and walk along the top of the log to the opposite end. DO NOT RUN ALONG THE TOP OF THE LOG.

Station 13

PARALLEL BARS:
This station consists of two parallel steel bars, seven feet long and two feet apart, mounted approximately 4 1/2 feet above the running surface. It serves as a test of hand, arm, and upper body strength. Grasp the bars
at the center of the gray portion and thrust body upward. Extend both arms, locking the elbows, and proceed without touching the running surface by moving each hand forward at least three times combined. Drop to the ground carefully, landing on both feet, with knees flexed so as to avoid injury.

Station 14

LOW WALL:
This station consists of a vertical masonry wall, rising to a height of approximately four feet above the running surface. It simulates walls of similar height and construction frequently encountered in business and residential areas. Place both hands on the wall, force body weight upward and drop to opposite side, landing on both feet with knees flexed so as to avoid injury. Bear to right and continue on course.

Station 15

POLE RUN:
This station consists of an elongated loop in the running surface, with a narrow turf in infield. At the ends of the infield are two vertical poles approximately 36 feet apart. The station serves as a test of speed, agility and balance. Proceed around loop two complete laps, making four complete 180-degree turns.

Time measurement stops when runner has completed second full turn around vertical pole and passed the low wall in station 14.
STATION 1
High Wall

This station consists of a vertical masonry wall rising to a height of five feet above the running surface. It simulates walls of similar height and construction frequently encountered in business and commercial districts and enclosed residential developments.

Execution
Approach from the starting point, grasp top of the wall with both hands and scale wall, drop to ground on the opposite side of the wall landing on feet with knees flexed so as to avoid injury. Both hands and both feet may be used in scaling the wall. If unable to execute this station in three attempts, discontinue course or go around the wall.
STATION 2
Ladder-Platform-Ramp

This station consists of a stationary vertical ladder with six rungs and a top crossbar rising 7-feet above the running surface, a horizontal platform, and a downward slanting ramp. It simulates a variety of obstacles which may be encountered in foot pursuit, including ladders, building parapets, rooftops, and loading ramps.

Execution
Ascend ladder using both hands and feet; climb over top crossbar of ladder, proceed across platform and down ramp on foot.
STATION 3
Fixed Railing

This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations.

Execution
Approach and grasp top rail with both hands and force body weight over rail, landing on both feet on opposite side. **DO NOT ATTEMPT TO JUMP OVER RAIL WITHOUT USING HANDS.**
STATION 4
Chain Link Fence

This station consists of a tubular steel frame rising approximately five feet above the running surface. It simulates chain link fences and gates frequently encountered in foot pursuit.

Execution
Approach and grasp top rail of tubular frame while placing foot high in the fence panel. Force body weight over obstacle, landing on both feet on opposite side.
STATION 5
Window

This station consists of a concrete wall with a window opening approximately three feet eight inches above the running surface. It simulates window openings in buildings and other structures which may be encountered during foot pursuit.

Execution
Approach wall, enter window by placing hands on sill and climbing through, landing on feet on opposite side.
DO NOT DIVE THROUGH WINDOW.
STATION 6

Door

This station consists of a masonry wall with a standard width door which is hinged on the left and opens toward the previous station. It simulates doors and/or gates which might be encountered during foot pursuit, both of which must be returned to the closed position after passage, for security, safety, or other reasons.

**Execution**
Approach closed door, grasp knob and pull door open; release knob and pass through opening; grasp knob on opposite side with same hand, pull door closed engaging latch mechanism before continuing on course.

**KEEP HANDS CLEAR OF DOOR EDGE AND DOOR JAM AT ALL TIMES.**
STATION 7
Fixed Railing

This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations.

Execution
Approach and grasp top rail, landing on both feet on opposite side.
DO NOT ATTEMPT TO JUMP OVER RAIL WITHOUT USING HANDS.
STATION 8
Maze

This station consists of sets of parallel metal rails controlling direction of travel and requiring two 180-degree changes in the degree of travel.

Execution
Turn left to enter station, follow course as restricted by rails, turning right 180-degrees, and then turning left 180-degrees. Exit bearing left toward next station.
DO NOT TOUCH RAILS WHILE EXECUTING THIS STATION.
STATION 9
Tunnel

This station consists of a concrete pipe, 8-feet long, with an inside diameter of three feet.

Execution
Enter and crawl through, exiting opposite end.

EXERCISE CAUTION TO AVOID STRIKING HEAD ON UPPER RIM OF PIPE.
STATION 10
Weighted Drag

Weighted Drag

This station consists of a weighted sled totaling one-hundred fifty (150) pounds which will be pulled by an attached handle/rope for fifty (50) feet on a level surface.

Execution

The candidate will drag the weighted sled the designated fifty (50) feet using their method of choice. The sled must be moved in a controlled and continuous manner.”
STATION 11
Rope Grid

This station consists of an area 30 feet long, divided by nylon rope to create 12 individual compartments on each side of a center dividing line.

**Execution**
Enter from the left turn by placing left or right foot in the corresponding space of the first pair of compartments. Continue through grid, stepping alternately into each compartment.

**EXERCISE CAUTION WHILE COMPLETING EXERCISE TO AVOID TRIPPING.**
STATION 12

Log

This station consists of a log, 40 feet in length, in the center of the running surface, lying parallel to the direction of travel.

Execution
Approach and step onto log and walk along the top of the log to the opposite end.
DO NOT RUN ACROSS THE TOP OF THE LOG.
STATION 13
Parallel Bars

This station consists of two parallel steel bars seven feet long and two feet apart, mounted approximately 4 - feet above the running surface.

Execution
Enter and with both hands grasp the bars at the center and thrust body upward. Extend both arms, locking the elbows, and proceed forward without touching the running surface by moving each hand alternately at least three times forward. Drop to the ground carefully, landing on both feet, with knees flexed so as to avoid injury. Turn right, move forward to next turn, turn right again, and advance to Station 14.
STATION 14
Low Wall

This station consists of a vertical masonry wall rising to a height of approximately four feet above the running service. It simulates walls of similar height and construction frequently encountered in business and residential areas.

Execution
Approach on running surface, as previously indicated, place both hands on the wall, force body weight upward and drop to opposite side, landing on both feet with knees flexed so as to avoid injury. Bear to right and continue on course.
STATION 15
Pole Run

This station consists of a running surface with two vertical poles at each end that are approximately 36 feet apart.

Execution
Enter from Station 14, passing to the right of the first pole; proceed down and around pole two. Make two complete laps, three complete 180-degree turns and run back past station 14.

Time measurement stops when runner has completed second full turn around vertical pole and passes the low wall in station 14.